

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

101579 923

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| 8 | | ① | | 1 | | |
| 9 | | ① | | 1 | | |
| 10 | | ① | | 1 | | |
| 11 | | ① | | 1 | | |
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| TOTAL DEP. | 17 | ← | 13 | ← | | ← |
| TOTAL CLAIMS | 21 | | 17 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |